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CONFIRMATION NO. 6413

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/695,632	10/27/2003 RULE	606	3734	118152-03801

APPLICANTS

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**** CONTINUING DATA *******

This appn claims benefit of 60/488,024 07/17/2003 /KMD/
 and claims benefit of 60/421,219 10/25/2002
 and claims benefit of 60/444,344 01/31/2003

**** FOREIGN APPLICATIONS ***** none /KMD/****** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
01/28/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and /KATHERINE MARIE DOWE/ Acknowledged		Initials	NH	11	74	9
Examiner's Signature						

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TITLE

Surgical devices incorporating liquid jet assisted tissue manipulation and methods for their use

FILING FEE RECEIVED 2388	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit